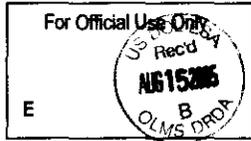


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>6182</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name Dale K Robbins P.O. Box, Bldg., Room No., if any P.O. Box 3010 Street 2727 Alhambra Avenue City Martinez State California ZIP Code +4 94553	4. Name, file number, and address of labor organization. Name Teamsters Local Union 315 Labor Organization File Number 009-807 P.O. Box, Building and Room Number, if any P.O. Box 3010 Street 2727 Alhambra Avenue City Martinez State California ZIP Code +4 94553
5. Position in labor organization. Secretary-Treasurer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code +4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Dale K Robbins On 8/9/2005 (925) 228-2246
Date Telephone Number

Name of Person Filing Dale Robbins	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Teamsters Benefit Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 5820</p> <p>Street</p> <p>City Fremont</p> <p>State California ZIP Code +4 94537-5820</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Multiemployer Health and Welfare Trust Fund. The approximate dollar value in item 11b is equal to an estimate of the average monthly premium paid to the Trust on behalf of the majority of members of Local 315 during the year ended December 31, 2004.</p>
	<p>11.b. Approximate dollar value of such dealing. \$860</p>
	<p>12.a. Nature of interest held or income received.</p> <p>See Part B Continuation Page.</p>
	<p>12.b. Amount. \$3,427</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name ULICO Insurance</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 620</p> <p>Street 429 Santa Monica Boulevard</p> <p>City Santa Monica</p> <p>State California ZIP Code +4 90401</p>	<p>14.a. Nature of payment.</p> <p>See Part C Continuation Page.</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$88</p>

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Learch, Coughlin, Stoia, Geller et. al., LLP</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1100 Connecticut Avenue N.W.</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20036</p>	<p>14.a. Nature of payment.</p> <p>See Part C Continuation Page.</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p style="text-align: right;">\$60</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name of Business
from Pg. 2:

Teamsters Benefit Trust Fund

12.a. Nature of interest held or income received (con't from Pg. 2):

The person identified in item 3 is a Union Trustee on the Board of Trustees of the entity identified in item 8 which is a jointly administered health and welfare trust fund under the Labor-Management Relations Act of 1947, as amended (the "Trust Fund"). The amount entered in item 12.b represents (1) reimbursement of transportation, lodging, food and beverage, and incidentals expenses incurred by the Union Trustee in connection with his attendance of quarterly meetings of the Board of Trustees and periodic Trustee Committees of the Trust Fund or otherwise in connection with the performance of his duties as a Union Trustee, and/or (2) the estimated value of food and beverages provided or made available to him by the Trust Fund at such meetings or food and beverages in connection with such meetings that were paid for by others who received reimbursement from the Trust Fund for such food and beverage expenditures. The quarterly meetings referenced above occurred on or about February 6; May 7; August 5,6,7; November 5; and December 1 thru 5, 2004. This estimate is based on information requested from the Trust Fund's third party administer and a business calendar for appointments and meetings in 2004.

Name of Person Filing Dale K. Robbins	File Number
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13(a). Name of Employer or Labor Relations Consultant from Pg. 2 :

14 (a). Nature of payment (con't from Pg. 2):

In performance of his duties as a business representative the person identified in item 3 from time to time transacts business related to those duties over breakfast, lunch or dinner with employer representatives. The amount in item 14.b is the estimated value of the expenditures made by the employers' identified in 13.a. on his behalf for such food and beverages on or about March 28, 2004 and May 18, 2004. This estimate is based on a review of a business calendar for appointments and meetings in 2004.